

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FORM 100-10, WITH FORM PTO-875)

10

Serial No.
Applicant

Filing Date

153219

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓		↓				↓		↓		↓
TOTAL DEP.			←		←				←		←		←
TOTAL CLAIMS													

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